

PM122**MICE (MODULE FOR STANDARDISED INDIRECT COST ESTIMATION) INCREASES THE TRANSFERABILITY OF STUDY RESULTS**Welte R¹, Jager J¹, Leidl R²¹National Institute of Public Health and the Environment, Bilthoven, The Netherlands; ²University of Ulm, Ulm, Germany

OBJECTIVE: To offer scientists and policy makers a tool for standardized indirect/productivity cost estimations that (a) can be adapted to different contexts and (b) allow for the comparison and transfer of study results within and between countries.

METHODS: MICE consists of an Excel spreadsheet, a handbook, and documentation specifying the data sources. It computes the age- and sex-specific unit costs per day or year of lost work in the paid and unpaid work sector, for the general or the employed population. Due to its flexibility it can be adapted to national guidelines for economic evaluation as well as to different perspectives (e.g. societal or employer). The human capital approach or the friction cost method can be chosen. For the valuation of lost productivity, different approaches can be selected, e.g., labor costs for the paid work sector or substitution costs for the unpaid work sector. The reference year is 1999 and can be simply updated. MICE is available and has been successfully applied to the Netherlands and Germany with other countries to follow.

RESULTS: For a Dutch/German inhabitant aged 33, the unit costs for the loss of one actual working day of paid work are €83 / €104 for females and €179 / €180 for males (basis: labor costs, elasticity of annual labor time versus labor productivity = 1). The respective unit costs for a Dutch/German employee are €126 / €149 for females and €193 / €202 for males.

CONCLUSIONS: MICE enables a standardized and precise estimation of indirect costs in different countries. Its feasibility, transparency, and flexibility have been shown in several studies. MICE provides a useful tool for multinational studies. It not only improves the comparability of national and international study results, but also increases their transferability.

PM123**CHANGING STRATEGIES IN THE PROMOTION OF HEALTH CARE RESEARCH IN GERMANY**Walshe R, Glossmann JP, Waldschmidt DT, Reis A, Diehl V
University of Cologne, Cologne, Germany

OBJECTIVE: Across Europe, the need for the advancement of basic, clinical, patient-centered and health-services orientated research and its implementation is felt. In Germany, several specific factors impede these aims. They include the federal and sectoral fragmentation of health care, decentralized and slow legal procedures, underdeveloped structures of public health research and a weak role of health-technology assessment. We set out to analyze steps taken by policy-makers intended to steer re-

search in these fields and to support the development of a more suitable health-care structure.

METHODS: Current initiatives to promote research in health care by federal and regional authorities (e.g., ministries of health, science and technology) are described and their grant volumes given. Aims of the initiatives are brought out by analyzing calls for application and contents of supported projects. Changing research-promotion strategies are worked out comparing past and present incentive systems.

RESULTS: Key requirements in recent grant contests include interdisciplinary, inter-institutional and inter-sectoral co-operation. Major initiatives currently sponsored on a federal level include ten interdisciplinary centers for clinical research (grant volume DM 192.1 million for the period 1995–2004), seven co-ordination centers for clinical studies and the Cochrane Center (DM 24.0 million, 1998–2006), 17 competence networks in medicine (85.9 million, 1999–2002) and five regional public-health research associations (95.7 million, 1992–2003). Among the fields with the greatest number of sponsored projects are neurosciences, molecular biology, immunology as well as youth medicine, geriatrics, health economics and health-technology assessment.

CONCLUSION: While research projects were traditionally funded separately on the basis of proven academic excellence, the measures described mark the attempt to focus on competition, research structures and institutional frameworks. This concept may be described as process and market oriented. The support of co-operation, dissemination of information and efficiency is an overriding aim of current health-care research strategies.

PM124**QUALITY OF LIFE: FUNCTIONING OR NEED FULFILMENT?**McKenna SP, Whalley D, Doward LC
Galen Research, Manchester, UK

OBJECTIVES: Health services are increasingly concerned with chronic, disabling conditions associated with an aging population. Furthermore, patients' perceptions of the impact of treatment are gaining greater consideration. Where interventions are designed to make life more comfortable rather than to cure, interest focuses increasingly on quality of life (QoL) outcomes. While there is no generally accepted definition of QoL, several approaches to its assessment can be identified. This paper presents the most commonly applied approaches to QoL measurement and makes recommendations for defining the construct.

METHODS: Literature review.

RESULTS: Three main approaches to QoL assessment were identified: functional; needs based; phenomenological/ hermeneutic. The latter two place particular emphasis on the patient's perspective. As the phenomenological/ hermeneutic approach is rarely applied, it is not considered here. The functional approach focuses on symptoms